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INDICATION FORM**

Application Number	10/646,254
Filing Date	08/22/2003
First Named Inventor	Tom Breton
Title	Eversion Apparatus & Methods
Art Unit	3731
Examiner Name	Kathleen C. Sonnett
Attorney Docket Number	P0022020.00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

77218

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Medtronic, Inc.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Neil P. Ayotte</i>	Date	June 16, 2008
Name	Neil P. Ayotte	Telephone	763-505-8427
Title and Company Vice President & Sr. Legal Counsel, Medtronic, Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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